PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

08 786336

BEST AVAILABLE COPY

	111-1-6	-CLAIMS	AS FILER	PAGT	1		<u> </u>					
Į,	196	<u> </u>		(Column 1)		(Column 2)		SMALL TYPE	ENTITY		OTHER THAN	
1	TOTAL CLAIM	1S 						RATE	FEE		RATE	FEE
	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	E 370.0	OR	BASIC FE	
	TOTAL CHARGEABLE CLAIMS		5-1	5- minus 20=				X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS				2) minus 3 =				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRI			PRESENT	RESENT				+140=	1	7		
ŀ	If the different	ce in column 1 i	zero, enter	"0" in e	column 2		TOTAL	┼	OR OR	TOTAL	 	
l	CLAIMS AS AMENDED - PART II								<u> </u>			THAN
ŀ		(Column 1) CLAIMS		(Column				SMALL	ENTITY	OR	SMALL	ENTITY
AMENOMENTA		REMAINING AFTER AMENIMENT		PREVIO PAID	BER XUSLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE	-	RATE	- ADDI- TIONAL FEE
	Total	1.8	Minus	رج" ا	0_			X\$ 9=		OR	X\$18 ≑	
Z	Independent FIRST PRES	ENTATION OF M	Minus	PENDENT	<u> </u>	-		X43=		OR	×86=	
The state of the s								+140=		OR	+280≘	
	1.100	_						TOTAL ODIT, FEE		OR ,	TOTAL VDDIT. FEE	
_	1119 05 (Column 1) (Column 2					(Column:3)						
AMENDMENT B	PDIS.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	-26)			X\$ 9=		OR	X\$18=	
AME	Independent	entation of M	Minus	SUDSAIT	3 414	-		X42=		OR	X84=	
<u> </u>	1 morrage	ATAMON OF MA	JETIFLE DEI	ENDENT	COUM	<u> </u>		+140= .		OR	+280=	
				•			Al	TOTAL DOIT, FEE	-	OR A	TOTAL DDIT. FEE	<u> </u>
_		(Column 1)		(Colum		(Column 3)				•		
MENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	•	Minus	**		E .		X\$ 9=		OR	X\$18=	
¥	Independent	ATATION OF ME	Minus	FLIDELE				X42=		OR .	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CL							Ι.	+140=		ŀ	+280=	
* If the entry in column 1 is tope than the entry in column 2, write "0" in column 3.									TOTAL	 -		
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20." ADDIT. FEE OR ADDIT. FEE												
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